MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

09684

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1511 Franklin St. N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elmer Allen

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife unk

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1885

8. AGE: Years 55 Months 8 Days 20 If less than one day hrs. min.

9. Birthplace Denmark
(Town, county, and state)

10. Usual occupation Beautician

11. Industry or business

FATHER
12. Name Hans C. Ottesen
13. Birthplace Denmark

MOTHER
14. Maiden name Emilie Petrea
15. Birthplace Denmark

16. Informant J. Wilson Dodd
Address Local Reg dist 223

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 27, 1940
(month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery

Location New Rochelle, New York.

18. Funeral director Warner E. Pumphrey.

Address 8424 Ga. ave, Silver Spring, Md.

19. Sept 25 1940 J. Wilson Dodd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19, and that I last saw it alive on 19

Immediate cause of death Crushed chest, internal hemmorrhage, shock. Also fracture of right ankle,

Due to numerous bruises and

Due to lacerations

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-24-40

Where did injury occur? Silver Springs (City or town) Montg. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Driving Auto Injured at work? No

23. SIGNATURE C. E. Hawkes Deputy Med Ex of Mont Co
M. D. or other

Address C. E. Hawkes Date signed 10/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

Social Security No. -214-12-4009

09685

STATE OF MARYLAND—CERTIFICATE OF DEATH

47-A

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. Charles William Baker

(a) Residence: No. 3745 Huntington St. N.W. St., Ward. Chevy Chase, Maryland

(Usual place of abode) Chevy Chase Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Effie I. Baker

6. DATE OF BIRTH (month, day, and year) Dec 23 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs.	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Showman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hotel

10. Data deceased last workad at this occupation (month and yaar) 1930

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Martinsberg (State or country) West Virginia

FATHER

13. NAME Frederick Baker

14. BIRTHPLACE (city or town) Martinsberg (State or country) West Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Sanitarium Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Edgar Hill Washington DC Date Sept 3, 1940

19. UNDERTAKER Chambers Washington DC (Address) 1400 Chapin St NW

20. FILED 9-1, 1940 J. W. Madeley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from 7-15, 1940, to 9-1-, 1940

I last saw him alive on 9-1-40, 19; death is said to have occurred on the date stated above, at 1:35 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	1 yr?
Inanition & Starvation	Comaedial

Other Contributory Causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was diseasa or injury in any way related to occupation of deceasad? No

If so, specify

(Signed) Robert A. Hare M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175-e

09686

CERTIFICATE OF DEATH

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hos

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cedar Grove
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. James Barber

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Della Barber

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 29, 1869

8. AGE:

Years	Months	Days	If less than one day
71	6	11	hrs. min.

9. Birthplace Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Greenbery Barber

13. Birthplace Maryland.

MOTHER 14. Maiden name Sally Beall

15. Birthplace Maryland.

16. Informant Hospital Records

Address

17. Burial Date thereof Sept 12 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery Salem

Location Cedar Grove Md

18. Funeral director Roy W. Barber

Address Laytonsville Md

19. Sept. 10 1940 Gertrude B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1940, at 6 22 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 31 1940, to September 10 1940, and that I last saw him alive on September 10 1940.

	DURATION
Immediate cause of death: Intestinal Obstruction	6 days
Due to Rupture of bowel in a ~~stump~~ Hernia	10 days
Due to accident - blow from	
Other conditions - lawn mower	10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations Intestinal Obstruction

Of autopsy no -

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no - Date of 8-31-40

Where did injury occur? Cedar Grove - Montg Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) house

Means of injury blow from handle of lawn mower Injured at work? yes

23. SIGNATURE Chas C Tomblerson
M. D. or other

Address Sandy Spring, Md Date signed 9/10/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

09687

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Olney md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution Died in front of Hospital
Stay in hospital or inst. (yrs., or mos., or deys)
Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Ant Gion md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Laura Booze

3. (b) Social Security Number —

4. Sex: Fem'l
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife James Booze

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 12. - 1870

8. AGE: Years: about 70 | Months: — | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace Mont Co Md (Town, county, and state)

10. Usual occupation Wife Wife

11. Industry or business

FATHER
12. Name Darry Johnson
13. Birthplace montgom Co Md

MOTHER
14. Maiden name unknown
15. Birthplace —

16. Informant Mrs Lula Jackson
Address Kensington md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 24-1940 (month) (day) (year)
Cemetery or crematory St Mary's
Location Rockville Md

18. Funeral director Roy W Barber
Address Laytonsville md

19. Sept 23 1940 (Date rec'd by registrar) Gertrude B. Lamb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 730 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Coronary occlusion — DURATION

Due to Arteriosclerosis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE C. E. Hawks M.D.

Address Rockville Md Date signed 9/21/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42-B)

CERTIFICATE OF DEATH

09688

Reg. Dist. No. 2/6

I. PLACE OF DEATH:

County: Montgomery

City or town: Glen Echo Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Aug. 6, 1940 - Sept. 19, 1940

Hospital, institution, or street address where death occurred: Meehanken Road

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 65 M Street, N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Anna Julia Brandes

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband ~~or wife~~: Harry J. Brandes

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 19, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	0	...hrs. ...min.

9. Birthplace: Washington, D.C.

(Town, county, and state)

10. Usual occupation: Examiner - Counter

11. Industry or business: Bureau of Printing & Engraving

FATHER 12. Name: Frederick George Walker

13. Birthplace: Germany

MOTHER 14. Maiden name: Bertha B. Schellhorn

15. Birthplace: Washington, D.C.

16. Informant: Hazel Magruder

Address: Station A Conduit Rd. (Glen Echo Hts.)

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-23-40 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: Rockville Md.

18. Funeral director: Geo. W. Wise Co. Inc.

Address: 2900 M St NW Wash DC

19. Sept 24 1940 (Date rec'd by registrar) B.C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 19, 1940 at 7:26 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6, 1940 to Sept. 19, 1940

and that I last saw her alive on Sept. 19, 1940

Immediate cause of death	DURATION
Cancer of Uterus	4-3-1940
Due to	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Leslie Rod, M.D. M. D. or other

Address: 1803 Biltmore St. Date signed: Sept 19, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

09689

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Near Damascus, R.F.D. Monrovia
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME

(Stillborn 4½ Months) BURDETTE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: -------

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Stillbirth (4½ Months)

8. AGE:

Years	Months	Days	If less than one day
Stillbirth			hrs. min.

9. Birthplace: As above
(Town, county, and state)

10. Usual occupation: -------

11. Industry or business

FATHER

12. Name: Marvin Lewis Burdette

13. Birthplace: Same

MOTHER

14. Maiden name: Margaret Elizabeth Lawson

15. Birthplace: Frederick County, Maryland

16. Informant: Parents

Address: Same as above

17. Family Burial Ground (Burial, cremation, or removal. Which?) Date thereof Sept.13, 1940 (month) (day) (year)

Cemetery or ~~Cemetery~~ on home farm.

Location:

18. Funeral director: J.B.Beall Inc.

Address: Damascus, Maryland.

19. Sept.16th 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 13, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillbirth 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death: Unknown — DURATION

Wasserman negative

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. McKendree Boyer M.D.

M. McKendree Boyer M.D. or other

Address: Damascus, Md. Date signed 9/13/40

RECEIVED
OCT 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09690

1. PLACE OF DEATH (46-G)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium & Hosp St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Mattie Burke

(a) Residence: No. 134 N. Oakland St. St., Ward. Arlington, Virginia
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thomas J. Burke

6. DATE OF BIRTH (month, day, and year) July 31, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Wm. H. Stockhouse

14. BIRTHPLACE (city or town) (State or country) ? Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Hurley

16. BIRTHPLACE (city or town) (State or country) ? Pennsylvania

17. INFORMANT (Address) Washington Sanitarium Records

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria Date Sept 16, 1940

19. UNDERTAKER (Address) S. Everly 809 King St. Alex. Va.

20. FILED Sept 16, 1940 J. Wm. Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/28/1940 to 9/15/1940

I last saw her alive on 9/15/1940; death is said to have occurred on the date stated above, at 8:33 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of head of Pancreas with bile duct Obstruction	?
Arteriosclerotic heart disease	yrs
Other Contributory Causes of importance: Myocardial failure	sudden

Name of operation Exploratory Date of 9/9/40

What test confirmed diagnosis? " Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify ___

(Signed) Chas. H. Wolohan M.D.

(Address) 500 Underwood St. N.W. Washington DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED OCT 8 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09691

(164C)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Pk, Md. No. 2 Manor Circle St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Addison E. Burrows

(a) Residence: No. 2 Manor Circle St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gladys B. Burrows.

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
33	33	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Gov't. clerk.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Kansas (State or country)

FATHER

13. NAME Truman E. Burrows

14. BIRTHPLACE (city or town) Kansas (State or country)

MOTHER

15. MAIDEN NAME Letitia A. Meyer.

16. BIRTHPLACE (city or town) Kansas (State or country)

17. INFORMANT Mrs. Gladys B. Burrows (Address) 2 Manor Circle Tak. Pk. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ft. Lincoln Cemetery Date Sept 23, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) 8424 Ga. ave. Silver Spring Md.

20. FILED Sept 21, 1940 J. H. Wm. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Coroner Case

Suicide Pistol shot 22 revolver in left side of head ranging downward toward base of brain

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/19, 1940

Where did injury occur? Takoma Park and (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of injury Pistol Shot in head

Nature of injury Self inflicted

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C. B. Hawks M.D.

(Address) Prospect Mount Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09692

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. ~~8697~~ 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: ~~Washington~~ Takoma Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 501 Ridge Ave (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Cora S Butler

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Frank Butler Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 12-17-88

8. AGE: Years: 52 Months: 9 Days: 10 If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: domestic

11. Industry or business

FATHER 12. Name: Robert Lewis

13. Birthplace: Md

MOTHER 14. Maiden name: Mary Dolman

15. Birthplace: Va

16. Informant: Catherine Johnson

Address: Same

17. Burial Lincoln Memorial (Burial, cremation, or removal. Which?) Date thereof: Oct. 1, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington D.C.

18. Funeral director: W. Ernest Jans

Address: 1432 Yon St. N.W.

19. Sept 28 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27 1940 at 9:00 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1- 1940 to 9-27- 1940 and that I last saw her alive on 9-27-40 19

Immediate cause of death: Carcinoma of Colon c Metastasis (Generalized) — DURATION: 2 yrs

Due to

Due to

Other conditions: Terminal Broncho-Pneumonia (Include pregnancy within 3 months of death) — 1 day

Major findings of operations: Colostomy for Carcinoma of colon 1939 Date of op. Apr 1939

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Lawrence H Jackson M.D. M. D. or other

Address: 1241 New Jersey Ave. N.W. Wash DC Date signed 9-27-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

09693

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mr. John Hubeer Byers

(a) Residence: No. 1435 N St. N.W. St., Ward. Washington, D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Byers

6. DATE OF BIRTH (month, day, and year): January 28, 1872

7. AGE: Years 68 | Months 7 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Secretary

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Congressional

10. Date deceased last worked at this occupation (month and year): April, 19, 1940

11. Total time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): Lancaster Pennsylvania

FATHER

13. NAME: David Byers

14. BIRTHPLACE (city or town) (State or country): Lancaster Pennsylvania

MOTHER

15. MAIDEN NAME: Martha Hubeer

16. BIRTHPLACE (city or town) (State or country): Lancaster Pennsylvania

17. INFORMANT (Address): Washington Sanitarium & Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place: Dixon, Ill. Date: Sept 13, 1940

19. UNDERTAKER (Address): Martin W. Hysong Co. 1300 N. Stat. N.W. Wash. D.C.

20. FILED: Sept 12, 1940 J. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1940, to Sept. 12, 1940 I last saw him alive on Sept 11, 1940; death is said to have occurred on the date stated above, at 6 08 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	1930 (?)
Cerebral thrombosis	Sept 11, 1940

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Henry E. Andrew M. D.

(Address) Washington San. & Hospital, Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED OCT 3 1949 U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

09694

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Forestville Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 127 Prospect St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Forestville Heights Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 127 Prospect St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isaac Newton Colby

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret R. Colby

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1873

8. AGE:

Years	Months	Days	If less than one day
67	7	12	hrs. min.

9. Birthplace Danville, Vermont (Town, county, and state)

10. Usual occupation Retired (Salesman)

11. Industry or business

FATHER 12. Name Oscar Merrill Colby

13. Birthplace West Danville, Vt.

MOTHER 14. Maiden name Agusta Preston

15. Birthplace Cabot, Vt.

16. Informant Sarah Colby

Address 127 Prospect St. Forestville Hts, Md.

17. Burial, Removal (Burial, cremation, removal. Which?) Date thereof Sept 7th 1940 (month) (day) (year)

Cemetery or crematory

Location Fitchburg, Mass.

18. Funeral director The S. H. Sims Co.

Address 2901 - 14th St. N.W. Washington, DC

19. 9-5 1940 (Date rec'd by registrar) B C Berry. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5, 1940, at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940, to Sept. 5 1940, and that I last saw him alive on Sept. 5 1940.

	DURATION
Immediate cause of death Cardiac hypertrophy and dilatation	2 mos.
Due to arteriosclerotic heart disease with hypertension	2 yrs.
Due to generalized arteriosclerosis	10 yrs.
Other conditions Mesenteric thrombosis	2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Luther H. Snyder, M.D. M. D. or other

Address 1835 E 7th St. Washington, DC Date signed 9/5/40

RECEIVED
OCT 7 1940
BUREAU V. S.

09695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium + Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 4 hrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route # 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr Samuel J Costello

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife ?

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 15, 1866

8. AGE:

Years	Months	Days	If less than one day
74	6	12	hrs. min.

9. Birthplace Warington, Virginia (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden name ?

15. Birthplace ?

16. Informant Mrs. Dolly Rosalee Kidwell

Address Rockville, Md. Route # 2

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Manassas Sept 29/40

Location Manassas Va

18. Funeral director E. W. Groff

Address Fairfax Va

19. Sept 28 1940 (Date rec'd by registrar) J. Wilton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19 , to 19 , and that I last saw h alive on Case 19

Immediate cause of death Coronary occlusion

Due to Arterio-Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks Deputy Med Ex Amount Co M. D. or other

Address Rockville Md Date signed 9/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09696

1. PLACE OF DEATH (93-d)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 115 Woodridge St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Alfred Darby If U. S. Veteran, specify WAR

(a) Residence: No. 115 Woodridge Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adah M. Darby.

6. DATE OF BIRTH (month, day, and year) Nov 3 1885

7. AGE Years 54 Months 10 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Musician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Soldiers Home Band.

10. Date deceased last worked at this occupation (month and year) Apr 1938

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Cumklin Wisc

FATHER

13. NAME Thomas Darby.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Adah Darby (Address) 115 Woodridge Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Creek Cem. Date Sept 12, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED 9/11, 1940 Sallie B. Leihy Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) / 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/4/, 1939, to 9/10/, 1940

I last saw him alive on 9/9/, 1940; death is said to have occurred on the date stated above, at 5.50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/25/38
Chr. Deg. Myocarditis with Decomp. periodically since	12/25/38
Hypostatic Pneumonia	9/9/40

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard V. Morse M. D.

(Address) 28 Carroll Ave, Takoma Park, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09697

CERTIFICATE OF DEATH

Reg. Diat. No. 211

1. PLACE OF DEATH:
County Montgomery
City or town nr. Brookeville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Montgomery
City or town nr Brookeville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Dorcas Day

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W	widowed

6 (b) Name of husband or wife Filus E Day
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1858

8. AGE: Years	Months	Days	If less than one day
82	6	28	____ hrs. ____ min.

9. Birthplace nr. Brookeville, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home
FATHER 12. Name Samuel B. Watkins
13. Birthplace nr. Brookeville Md.
MOTHER 14. Maiden name Jane Browning
15. Birthplace nr. Brookeville Md.
16. Informant Mrs Filmer Beall
Address R.D. Monrovia, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 22, 1940 (month) (day) (year)
Cemetery or crematory Bethesda
Location nr. Brookeville
18. Funeral director J. B. Beall, Inc.
Address Damascus, Md.
19. Sept. 21 1940 (Date rec'd by registrar) Della V. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18 1940, to Sept. 20 1940, and that I last saw her alive on Sept. 20 1940

Immediate cause of death	DURATION
Cerebral Haemorrhage	3 days
Due to Arteri-Sclerosis	
And	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D.
M. D. or other
Address Damascus, Md. Date signed 9-21-40

. Sarvebill

RECEIVED
OCT 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175-a

09698

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Laytonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jerry Diggs

3. (b) Social Security Number ?

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 2, 1888

8. AGE: Years 51 Months 11 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Laytonsville, Montgomery Co, Md
(Town, county, and state)

10. Usual occupation Laborer -

11. Industry or business Farm

FATHER
12. Name John Diggs
13. Birthplace Maryland.

MOTHER
14. Maiden name Isabelle Thomas
15. Birthplace Maryland.

16. Informant Hospital Records.

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept 25 - 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Brook Grove Md

Location Near Laytonsville Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. Sept 23 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 9 45 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19 1940, to September 22 1940, and that I last saw him alive on September 22 1940.

Immediate cause of death Hemiplegia with Shock —

Due to Ruptured liver.

Due to fall off load of Hay —

Other conditions operated & liver sutured —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Rupture of liver

Of autopsy

DURATION
Sept 19 40
9/19/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-19-40

Where did injury occur? Mr Laytonsville Montg Co Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) farm

Means of injury fall off load of Hay injured at work? yes

23. SIGNATURE Chas Tumbleson
M. D. or other

Address Sandy Spring, Md. Date signed 9/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

09699

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montg. Co. Genl Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Burtonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herbert Duvall

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1940

8. AGE: Years | Months 2 | Days 29 | If less than one day hrs. min.

9. Birthplace Olney, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name James Duvall
13. Birthplace Maryland

MOTHER
14. Maiden name Bertha Poole
15. Birthplace Maryland

16. Informant Hospital Records.

Address —

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept 21-40
(month) (day) (year)

Cemetery or crematory Aurora Cemetery

Location Burtonsville Md

18. Funeral director Lloyd Kaiser

Address Laurel Md.

19. Sept 21 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18th 1940, to Sept. 20 1940, and that I last saw him alive on Sept. 20 1940.

Immediate cause of death Congenital Heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

DURATION: 59 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE Chas C Tumbleson M. D. ~~or other~~

Address Sandy Spring, Md. Date signed

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

09700

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Layhill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earp

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 9, 1940

8. AGE: Years | Months | Days | If less than one day 1 hrs. min.

9. Birthplace Olney, Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James Franklin Earp
13. Birthplace Germantown, Md.

MOTHER
14. Maiden name Stella Mae Clark
15. Birthplace Mars. Pennsylvania

16. Informant Mrs. James Earp
Address

17. Burial. Date thereof 9/9/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Redsville Md.

Location near Germantown Md.

16. Funeral director Ernest B Gaither
Address Gaithersburg Md.

19. Sept 9 1940 Kentucky B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1940, at 2 P.M. 45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9 1940, to Sept. 9 1940, and that I last saw him alive on Sept. 9 1940.

Immediate cause of death	DURATION
Premature delivery	6 mo
Due to Placenta Previa	7 hrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Chas E Emmerson M. D. or other
Address Sandy Spring, Md Date signed 9/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

09701

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: KENWOOD (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 107 ELMWOOD ROAD

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 9 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MARYLAND County: MONTGOMERY

City or town: KENWOOD Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 107 ELMWOOD ROAR (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: WILLIAM H. EMERY

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: SARAH EMERY

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): FEB 14-70

8. AGE:

Years	Months	Days	If less than one day
70	6	18	hrs. min.

9. Birthplace: N.Y. (Town, county, and state)

10. Usual occupation: LAWYER (RETIRED)

11. Industry or business: LAW

FATHER — 12. Name: WILLIAM EMERY

FATHER — 13. Birthplace: ENGLAND

MOTHER — 14. Maiden name: HARRIETT WARE

MOTHER — 15. Birthplace: ENGLAND

16. Informant: MRS. SARAH EMERY

Address: 107 ELMWOOD RD. KENWOOD, MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-5-40 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cemetery

Location: Washington D.C.

18. Funeral director: Francis Collins

Address: 3821-14th St. NW. Wash. D.C.

19. Sept. 3rd 1940 (Date rec'd by registrar) B.C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2nd 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 26th 1940, to Aug 31st 1940, and that I last saw him alive on Aug 31st 1940

Immediate cause of death	DURATION
Coronary thrombosis	
Mts. Cardiac Dilatation	7-day
Due to Arteriosclerosis	
	2 yrs
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur?: (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Compton M. D. or other

Address: 1801-Eye St. Date signed: Sept 2

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

09702

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Edmonton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Edmonton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adaline S. Finney

3. (b) Social Security Number None

4. Sex F

5. Color or race N.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mathew C. Finney

Jan 21, 1866 If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 Months 8 Days 9 If less than one day — hrs. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business —

FATHER 12. Name Jacob Gossard

13. Birthplace Ohio

MOTHER 14. Maiden name Sarah E. Van Arodale

15. Birthplace Ohio

16. Informant Mathew C. Finney

Address Edmonton Md

17. Cremation ~~(Burial, cremation, or removal. Which?)~~ Date thereof Oct. 3, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location Bladensburg Road N.E.

18. Funeral director Warren E. Pumphrey

Address 8424 Ga. Ave. Silver Spring Md.

19. Oct 2 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/30/ 1940, to 9/30/ 1940, and that I last saw her alive on 9/30/ 1940.

Immediate cause of death Cerebral Hemorrhage

Due to General Arteriosclerosis

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION 1 day ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. M. B[illegible] M. D. or other

Address Sandy Spring Md Date signed 10/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09703

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93-D)

County Montgomery Registration Dist. No. 216

Village or City Bethesda md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Gordon

(a) Residence: No. 123 S. Chelsea Lane Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Ann Gordon

6. DATE OF BIRTH (month, day, and year) April 8th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
84	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fisherman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toronto (State or country) Canada

FATHER

13. NAME Charles Gordon

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Frances M. Sweet (Address) 123 S. Chelsea Lane

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Sept 15, 1940

19. UNDERTAKER W. W. Chambers Co (Address) 3072 M st nw Wash DC

20. FILED Sept 15th 1940 B. C. Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw him alive on ____, 19____; death is said to have occurred on the date stated above, at ____

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Coronary occlusion — Date of onset

Other Contributory Causes of importance: Chronic myocarditis

Name of operation ____ Date of ____

Whet test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) C. E. Hawkins Deputy Coroner M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 7 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

09704

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Pk. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington San. & Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 13 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Rt. #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. #3.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mr. John Green

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Mary Elizabeth Green ?

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 8, 1868

8. AGE:

Years	Months	Days	If less than one day
72	6	19	____ hrs. ____ min.

9. Birthplace: Frederick City, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Great Falls Bridge

FATHER
12. Name: Washington Green

13. Birthplace: Frederick County, Md.

MOTHER
14. Maiden name: Matilda Loomar

15. Birthplace: Frederick County, Md.

16. Informant: Self.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 30, 1940 (month) (day) (year)

Cemetery or crematory: Potomac Meth. Cemetery

Location: Washington D.C.

18. Funeral director: W W Chambers Co

Address: 3 1 + m st. N.W.

19. Sept 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 27 1940, at 4 P.M. (30)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1940, to Sept 27 1940, and that I last saw him alive on Sept 27, 1940.

	DURATION
Immediate cause of death: Coronary Heart Disease	One Day
Due to: Art. Sclerosis	10 years
Due to:	
Other conditions: Bronchial Asthma	10 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George M. Gibbs M.D.
M. D. or other

Address: Takoma Park Md Date signed: Sept 27-40

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

09705

Reg. Dist. No. 312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Mont'y.

City or town rural nr. Poolesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1 mi. West of Poolesville

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 43 yrs. 1 mos. (Lifelong)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town rural nr. Poolesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mi. West of Poolesville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Carrie Hallman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William Perry Hallman

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 1897

8. AGE:

Years	Months	Days	If less than one day
43	1	?	____ hrs. ____ min.

9. Birthplace Martinsburg, nr. Poolesville, Mont'y. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER

12. Name Walter Simms

13. Birthplace Poolesville, Md.

MOTHER

14. Maiden name Florence Thompson

15. Birthplace Poolesville, Md.

18. Informant William Perry Hallman (husband)

Address Poolesville P.O., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 15 1940 (month) (day) (year)

Cemetery or crematory Cemetary

Location Martinsburg

18. Funeral director Henry Davis

Address Poolesville

19. Sept 14 1940 (Date rec'd by registrar) E W Linthicum Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1940, at 1 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18th 1940, to Sept 12 1940, and that I last saw her alive on Sept. 12 1940.

	DURATION
Immediate cause of death: Embolus, cerebral	1 day
Due to Carcinomatosis	about 4 mos
Due to Carcinoma of breast with metastasis to lungs	previous to 1938.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations

20 autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. D. Selby, M.D. M. D. or other

Address Dawsonville, Md. Date signed 9-13-40

RECEIVED
OCT 7 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

09706

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6713 No. Central Aveenue

Stay in hospital or inst. (yrs., or mos., or days): 2

Stay in this community (yrs., or mos., or days): 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6713 No. Central Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: BARNEY ALEXANDER HAMMOND

3. (b) Social Security Number: Not Available

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mabel N. Hammond

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 8, 1890

8. AGE: Years	Months	Days	If less than one day
50	4	2	____ hrs. ____ min.

9. Birthplace: Vincennes, Indiana
(Town, county, and state)

10. Usual occupation: Accountant

11. Industry or business: Civil Areonautics Board

FATHER
12. Name: Oscar Hammond
13. Birthplace: Terra Haute, Indiana

MOTHER
14. Maiden name: Jennie Hammond
15. Birthplace: Terra Haute, Indiana

16. Informant: Mrs. Mabel N. Hammond
Address: 6713 No. Central Ave. Chevy Chase, Md.

17. REMOVAL (Burial, cremation, or removal. Which?) Date thereof: Sept. 11, 1940 (month) (day) (year)

Cemetery or crematory: ____

Location: To Washington, D.C.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 N Street N.W. - Washington, D.C.

19. Sept 11th 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 10 1940, at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1940 to Sept. 10 1940 and that I last saw him alive on Sept. 10, 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	12 hrs.
Due to Cardio-vascular renal disease with	
Due to Hypertension	5 yrs.
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Sidney C. Bowman M.D. M. D. or other

Address: 3921 Livingston St. N.W. Date signed: 9/11/40

RECEIVED
OCT 7 1940
BUREAU V. S.

09708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town near Travilleh Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 3 WEEKS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County ✓

City or town WASHINGTON Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 605 L. ST. NE
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm Huston Hill

3. (b) Social Security Number

4. Sex Male

5. Color or race Cal

6. (a) Single, married, widowed, or divorced married

B (b) Name of ~~husband~~ or wife Minnie Hill

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) JUNE 1, 1876

8. AGE: Years 67? 64 Months 3 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual occupation WAITER (RETIRED)

11. Industry or business

FATHER
12. Name James Hill
13. Birthplace Tenn

MOTHER
14. Maiden name Ella Wootin
15. Birthplace Tenn

16. Informant Mrs. Minnie Hill

Address Kansas City, Mo

17. Removal Date thereof 9-28-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington, D.C.

Location

18. Funeral director Robert L. Snoyder

Address Rockville Md

19. 9-28 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 6 A.M. (Cert 6 A.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coroner Case Probably Coronary occlusion

Due to arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks Deputy Med. Ex. Mont. Co. M. D. or other

Address Rockville Md Date signed 9/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

74a

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Montgomery

City or town: Bethesda (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4422 Montgomery Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4422 Monty. Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME Francis Frank Hurley

3. (b) Social Security Number None.

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary E. Hurley.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 7

8. AGE: Years: 77 Months: Days: If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Retired Government.

11. Industry or business: Tool maker.

FATHER 12. Name: Michael Hurley.

13. Birthplace: Ireland.

MOTHER 14. Maiden name: Elizabeth Sullivan.

15. Birthplace: Ireland.

16. Informant: Mrs. Grace Rabbitt.

Address: 4422 Monty. Ave. Bethesda Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 19th 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Washington D.C.

18. Funeral director: Wm. Reuben Funeral Home

Address: Bethesda - Md.

19. 9-17 (Date rec'd by registrar) 1940 B.C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1940, 12:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Sept 1940, and that I last saw h alive on Sept 16 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 6 days

Due to: Hypertension — 10 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Leo A Downs MD (M. D. or other)

Address: 416 Grafton Rd. Date signed: Sept 19 1940

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-B)

09710

CERTIFICATE OF DEATH

Reg. Diat. No. 223

1. PLACE OF DEATH:
County: Montgomery
City or town: Maryland - Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Sanitarium and Hospital
Stay in hospital or inst. (yrs., or mos., or days): 11 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Judefind

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Claytie Judefind
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): August 5, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	15	hrs. min.

9. Birthplace: Harford County, Maryland (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Own business
FATHER 12. Name: John Judefind
13. Birthplace: ?
MOTHER 14. Maiden name: Sarah Bruff
15. Birthplace: ?
16. Informant: Washington Sanitarium Hospital Records
Address: Takoma Park, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 22. 1940 (month) (day) (year)
Cemetery or crematory
Location: Rock Hall, Md.
18. Funeral director: J. Arthur Dallare.
Address: 254 Carroll St. Takoma Park, D.C.
19. Sept. 20th 1940 (Date rec'd by registrar) Registrar: [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20 1940, at 2 42 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 8 1940 to Sept 20 1940, and that I last saw him alive on Sept 19 1940.

Immediate cause of death	DURATION
Acute Nephritis	5 days
Due to Metastasis to Liver	—
Due to Gastric Carcinoma	1yr ?
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: Carcinoma of Stomach

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert A Dare M.D. M. D. or other
Address: Takoma Park. Md. Date signed 9/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-b)

09707

CERTIFICATE OF DEATH

Reg. Diat. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Sanitarium & Hosp.

How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 910 Edmonston Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Judson, Mrs. Etta Hawkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Fred Elmer Judson (deceased)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1860

8. AGE:

Years	Months	Days	If less than one day
80	1	18	..... hrs. ..... min.

9. Birthplace S. Elgin, Ill.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Corwin Scott Hawkins

13. Birthplace ? New York

MOTHER

14. Maiden name Mary Louise ?

15. Birthplace ? Ohio

16. Informant Washington Sanitarium Records

Address Takoma Park, md

17. Removal Date thereof Sept 22/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bladensburg md

Location " "

19. Funeral director F. Gasch & Sons

Address Hyattsville Md

19. Sept 22 1940

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940 at 6.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1939 to Sept 22 1940

and that I last saw h alive on Sept 21 1940

Immediate cause of death Cerebral Thrombosis — DURATION 3 wks.

Due to Generalized arterio sclerosis — 10 yrs.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Wendell C. Maglin, M.D.

M. D. or other

Address Riverdale, Md. Date signed 9/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

09711

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6210 Wagner Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 6210 Wagner Lane (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Walter Douglass Lathrop

3. (b) Social Security Number 577-01-0830

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife Marguerite B. Lathrop

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1879

8. AGE: Years 60 Months 9 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Newark, N.J. (Town, county, and state)

10. Usual occupation Accountant C. & P. Telephone Co.

11. Industry or business

FATHER 12. Name Stephen Park Lathrop

13. Birthplace Newark, New Jersey

MOTHER 14. Maiden name Caroline Douglas

15. Birthplace Newark, New Jersey

16. Informant Robert P. Lathrop

Address 6210 Wagner Lane Bethesda, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 8, 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director The S. H. Hines Co.

Address 2901-14th St. N.W., Washington, D.C.

19. 9/8/40 19 (Date rec'd by registrar) B C Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1940, at 3.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to Sept. 8 1940, and that I last saw him alive on Sept. 7 1940.

Immediate cause of death Congestive Heart Failure — DURATION 48 hrs.

Due to Melanoma-sarcoma of left ear with — 1 yr.

Due to metastases to brain

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Sidney C. Cousins M.D. M. D. or other

Address 3921 Ingomar St. N.W. Date signed 9/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09712

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County: Prince Geo's Co.
City or town: Norbeck
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Norbeck Rural Rt. Rockville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Eliza E. Lee

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Lloyd Lee
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 30, 1857

8. AGE: Years: 83 | Months: 4 | Days: 20 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Charles Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Sadie Ricks
Address: Norbeck, Md

17. Burial, cremation, or removal. Which?: Buried. Date thereof: Sept. 23 1940 (month) (day) (year)
Cemetery or crematory: Norbeck.
Location: Norbeck, Md.

18. Funeral director: Robert L. Snowden
Address: Rockville, Md.

19. Sept 23 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1940, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9, 1932, to Sept. 20 1940
and that I last saw h.r alive on Sept. 19 1940

Immediate cause of death	DURATION
Diabetes Mellitus	chronic
Cirhosis of Liver	chronic
Due to: Mitral Disease	
Due to: Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Webster Lowell M.D.
M. D. or other
Address: Norbeck Md. Date signed 9-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09713

(46-B)

1. PLACE OF DEATH

County Montg Co — Registration Dist. No. 218

Village or City Gaithersburg Md (City) — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter M Magruder — If U. S. Veteran, specify WAR ____

(a) Residence: No. Gaithersburg Md, St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara W Magruder

6. DATE OF BIRTH (month, day, and year): June 15th

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1877	63	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: " "

10. Date deceased last worked at this occupation (month and year): "

11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Winfield S Magruder

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Eleanor Magruder

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mr Marshall Magruder Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place Gaithersburg Md Date Sept 4th 40

19. UNDERTAKER (Address): Ernest C Gartner Gaithersburg Md,

20. FILED Sept 4, 1940 Abeda L Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 2 (Dey) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Sept 2, 1940

I last saw him alive on Sept 2, 1940; death is said to have occurred on the date stated above at 6:10 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1939

Other **Contributary Causes** of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Luther F. Kuhn M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
SEP 30 1940
U.S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09714

83-a

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 815 Maple Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Hazel Watson If U. S. Veteran, specify WAR —

(a) Residence: No. 815 Maple Lane St., Ward. Silver Spring Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John M. Watson

6. DATE OF BIRTH (month, day, and year) March 16, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

FATHER

13. NAME Charles A. Hamilton

14. BIRTHPLACE (city or town) ... (State or country) Ohio

MOTHER

15. MAIDEN NAME Florence B. Kimball

16. BIRTHPLACE (city or town) ... (State or country) Ohio

17. INFORMANT John M. Watson (Address) 815 Maple Lane, Silver Spring

18. BURIAL, ~~CREMATION~~, OR REMOVAL Cleveland, Ohio Place Riverside Cemetery Date Sept. 30, 1940

19. UNDERTAKER Werner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Sept. 28, 1940 Sallie B. Lasley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 28 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1940, to Sept 28, 1940

I last saw h... alive on Sept 27, 1940; death is said to have occurred on the date stated above, at 2.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Nephrosis about May	1940.
Other Contributary Causes of importance:	
Cerebral Hemorrhage	Sept 27-40

Name of operation none Date of ...

What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify ...

(Signed) Ernest T. Sappington M. D.

(Address) 1103 - 16 Washington D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

09715

Reg. Dist. No. 222-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery County
City or town Takoma Park Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Sanitarium + Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Wash. D. C. County
City or town Washington D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 17th + Pennsylvania Ave S.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Henry Ira McCauley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Widowed

6 (b) Name of husband or wife Mrs. Florence B. McCauley 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6. 1887

8. AGE:

Years	Months	Days	If less than one day
53	5	10	hrs. min.

9. Birthplace Washington. D.C.
(Town, county, and state)
10. Usual occupation Owner of boat house
11. Industry or business own business
FATHER 12. Name George McCauley
13. Birthplace Washington. D.C.
MOTHER 14. Maiden name Kate Warnall
15. Birthplace Washington D.C.
16. Informant Washington Sanitarium Records
Address Takoma Park. Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 18 1940 (month) (day) (year)
Cemetery or crematory Aspen Hill Cemetery
Location Washington, D.C.
18. Funeral director W. W. Chambers Co.
Address Washington D.C.
19. Sept 17 1940 (Date rec'd by registrar) J. F. McDell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 6-00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 16 1940, and that I last saw him alive on Sept 16, 1940 19

Immediate cause of death	DURATION
Inanition	one week
Due to Carcinoma of stomach	1 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert A Stare M.D. M. D. or other
Address Takoma Park Md. Date signed 9/16/40

RECEIVED
OCT 3 1940
BUREAU V. S.

09716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
County: Montgomery Co. Md.
City or town: 22 Grant Ave. Takoma Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred: Private Sanatorium
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Chas.
City or town: Accokeek
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Nellie G. Medley

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): April 7 - 1874

8. AGE: Years: 66 Months: 5 Days: 23 If less than one day: hrs. min.

9. Birthplace: Chas. Co. Md. (Town, county and state)
10. Usual occupation: Retired Gov. clerk
11. Industry or business: —

FATHER
12. Name: Francis Oscar Medley
13. Birthplace: Maryland

MOTHER
14. Maiden name: Harriet Harris
15. Birthplace: Maryland

18. Informant: Mrs. C. H. Pearce
Address: 407 Cecil Ave. University Park Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept. 30. 1940 (month) (day) (year)
Cemetery or crematory
Location: Washington D.C.
18. Funeral director: S. H. Hiner Co
Address: 2901-14th St N.W. Washington D.C.
19. Sept 30 1940 (Date rec'd by registrar) J. Hilton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep. 30. 1940 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to Sep 30 1940 and that I last saw her alive on Sep 30 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	7 days
Due to: Arteriosclerosis and Overwork of Cloaks	8 Yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Sinclair Bowen M.D. F.A.C.S. M. D. or other
Address: 3126 Ca. Ave. Date signed: Sep. 30 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09717

157-2

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 723-

Village or City Takoma Park, Md. — No. Washington San. & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Richard Dow Meyer

(a) Residence: No. 3110 Greenwood Ave. Takoma Park, Md. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1939

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Takoma Park,
(State or country) Maryland.

FATHER

13. NAME Harry Francis Meyer

14. BIRTHPLACE (city or town) Johnstown,
(State or country) Pa.

MOTHER

15. MAIDEN NAME Mildred Elizabeth Draper

16. BIRTHPLACE (city or town) Mt. Gilead,
(State or country) Ohio

17. INFORMANT Washington Sanitarium Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Mem. Park Date Sept 12, 1940

19. UNDERTAKER J. Arthur Barbee
(Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Sept. 10, 1940 J. H. Mundell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1939, to Sept. 10, 1940

I last saw him alive on Sept. 10, 1940; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Other Contributary Causes of Importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Emma Hughes M. D.

(Address) Takoma Park, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09718

1. PLACE OF DEATH (920) Registration Dist. No. 213

County Montgomery

Village or City Rockville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ross Moore If U. S. Veteran, specify WAR

(a) Residence: No. Rockville Pike St., Ward.

(Usual place of abode) ALEXANDRIA, VA If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zollar F. Moore

6. DATE OF BIRTH (month, day, and year) AUG 1879

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, hrs. or min.
	61			

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased last worked at this occupetion (month and yeer)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. W. Smith

14. BIRTHPLACE (city or town) (Stete or country) BRANDYWINE, MD

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) HENRY LEON BERGER ROCKVILLE, MD

18. BURIAL, CREMATION, OR REMOVAL Plece Washington D.C. Date 9-8 1940

19. UNDERTAKER (Address) James T. Ryan Inc 317 Pa. ave S.E. Wash D.C.

20. FILED 9-8 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 7 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1940 to 9-7 1940

I last saw h[illegible] alive on 9-7 1940; deth is said to have occurred on the dete steted above, at 7:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-1-40
Other Contributory Causes of importance:	
Arteriosclerosis	20 yrs
Aortic Heart Disease	15 yrs

Neme of operation Date of

What test confirmed diagnosis? Wes there an au'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any wey related to occupetion of deceased?

If so, specify

(Signed) W. S. Murphy M. D.

(Address) Rockville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WHITE PL[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] ENT of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154 b)

09719

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: The Montgomery County General Hospital Dur
Stay in hospital or Inst. (yrs., or mos., or days) 65 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Nolan

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed.

6 (b) Name of husband or wife Fannie Nolan.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? (1871)

8. AGE: Years 69? Months Days If less than one day hrs. min.

9. Birthplace Montgomery Co. Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER 12. Name Jake Nolan

13. Birthplace Montgomery Co. Maryland.

MOTHER 14. Maiden name Cathie Swales

15. Birthplace Montgomery Co. Maryland

16. Informant Hospital records

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof Sept. 9, 1940 (month) (day) (year)

Cemetery or crematory Chappers.

Location Chappers, Md

18. Funeral director Robert L. Snowden

Address 246 N. Washington Rockville

19. Sept 8 1940 (Date rec'd by registrar) Gertrude B Lawson Registrar Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to Sept. 6 1940, and that I last saw him alive on Sept. 6 1940

	DURATION
Immediate cause of death: General septicemia	10 days.
Due to Gangreen of left foot and osteamyelitis	June 1940
Due to arteria sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Operations Partial amputation of foot. Periatterial Sympathectomy
Autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E Tumbleson M. D.
Address Sandy Spring, Md Date signed 9/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 7 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

09720

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County: Montgomery
City or town: Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Montgomery County General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 hours
Stay in this community (yrs., or mos., or days): 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: New York County:
City or town: Versailles Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No ✓

3. (a) FULL NAME: Mrs. Nellie B. Palmer

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Fred Palmer
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 30, 1873

8. AGE: Years	Months	Days	If less than one day
67	9	15	hrs. min.

8. Birthplace: Versailles, New York
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William Ball
13. Birthplace:

MOTHER
14. Maiden name: Emaline Parker
15. Birthplace: Versailles, New York

16. Informant: Fred Palmer
Address: Versailles, New York

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 18, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Olean, New York

18. Funeral director: Wm Reuben Funeral Hrry.
Address: 7005 Wis Ave. Bethesda Md

19. Sept 16 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 15 1940, at 9.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Sept. 15 1940; and that I last saw her alive on Sept. 15 1940.

Immediate cause of death	DURATION
Coronary thrombosis + myocardial collapse.	12 hours
Due to	
Due to	
Other conditions: Diabetes mellitus	10 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wm A. Finthicum, M.D. M. D. or other
Address: Rockville, Md. Date signed: 9/15/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(53-a)

CERTIFICATE OF DEATH

09721

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Laytonsville rur

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) twenty years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Laytonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William E Riggs

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	~~White~~	Married

6 (b) Name of ~~husband~~ or wife Mallie Riggs

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug 9 - 1883

8. AGE: Years	Months	Days	If less than one day
57	1	0	hrs. min.

9. Birthplace Montgomery co. Md (Town, county, and state)

10. Usual occupation Labor

11. Industry or business Farm

FATHER 12. Name John Riggs

FATHER 13. Birthplace Montgomery co md

MOTHER 14. Maiden name Mary Frazier

MOTHER 15. Birthplace Montgomery co md

16. Informant Mallie Riggs

Address Gaithersburg md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 11-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Brookgrove

Location Laytonsville md

18. Funeral director Roy W Barber

Address Laytonsville md

9/10/40 (Date rec'd by registrar) 19 L D Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 5a M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 6 1940, to Sept 9 1940, and that I last saw him alive on Sept 8 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 3

Causing Paralysis

Due to

Due to

Other conditions Arteriosclerosis

Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Vernon H Dyson M. D. or other

Address Laytonsville md Date signed Sept 10/40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

09722

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Olney -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mont Co Gen Hosp Olney Md -
Stay in hospital or inst. (yrs., or mos., or days) 15 days -
Stay in this community (yrs., or mos., or days) 15 days -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md -, County Mont co
City or town Mt Fairland, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Silas D. - P.O. R. F. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Maude O. Roby

3. (b) Social Security Number no

4. Sex: Fem
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none -
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar 28-1879

8. AGE: Years 61 | Months 5 | Days 21 | If less than one day — hrs. — min.

9. Birthplace: Fairland Mont Co Md -
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home -

FATHER
12. Name: Thos. Roby
13. Birthplace: Md -

MOTHER
14. Maiden name: Harriet Marlow
15. Birthplace: Md -

16. Informant: Hosp Records -
Address: Olney Md -

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 21, 1940 (month) (day) (year)
Cemetery or crematory: Burtonsville Union Cemetery
Location: Burtonsville, Maryland.

18. Funeral director: Warner E. Pumphrey.
Address: 8424 Ga. ave., Silver Spring, Md.

19. Sept 20 1940 (Date rec'd by registrar) Gertrude B. Fowler, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 19th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 - 1940, to Sept 19 - 1940, and that I last saw her alive on Sept 18 - 1940.

	DURATION
Immediate cause of death: Carcinoma of breast	6 yrs
Due to: General Metastases to	6 mo
Due to: lungs -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no -
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Chas E Tumbleson, M. D. or other
Address Sandy Spring Md Date signed 9-19-40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

09723

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville R#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Russ

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 16, 1940

8. AGE: Years | Months | Days | If less than one day 1 hrs. 25 min.

9. Birthplace Olney, Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Norman Alvin Russ
13. Birthplace Norfolk, Virginia

MOTHER
14. Maiden name Edith Gertrude Jolley
15. Birthplace Gaithersburg, Md.

16. Informant Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16, 1940 (month) (day) (year)

Cemetery or crematory Rockville Union Cem

Location Rockville, Md

18. Funeral director Wagner E. Pumphrey

Address Rockville, Md.

19. Sept. 16 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1940, at 3 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Sept 16 1940, and that I last saw him alive on Sept 16 1940.

Immediate cause of death	DURATION
Atelectasis	
Due to Prolonged labor	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D.

Address Rockville, Maryland Date signed 9/16/40

RECEIVED
OCT 7 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09724

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 8403-16th St. Apt. 108
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8403-16th Street - Apt. 108
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ada Mac Pherson Simpson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George Simpson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 6, 1870

8. AGE:

Years	Months	Days	If less than one day
70	5	28	____ hrs. ____ min.

9. Birthplace Nova Scotia (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business Home.

FATHER
12. Name John W. Mac Pherson
13. Birthplace Nova Scotia

MOTHER
14. Maiden name Phoebe Ackerly
15. Birthplace Nova Scotia

16. Informant Miss Isabel G. Simpson
Address 8403-16th Street. Apt. 108

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 6, 1940 (month) (day) (year)
Cemetery or crematory Ft Lincoln
Location Bladensburg - D.C. Line, Maryland
18. Funeral director Warner E. Pumphrey
Address 8424 Ga. ave., Silver Spring, Md.

19. Sept 6 1940 (Date rec'd by registrar) Hallie B. Luhring Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4th 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____; and that I last saw h[illegible] alive on ____ 19____.

	DURATION
Immediate cause of death Coronary Arrest	
Due to Cerebral Hemorrhage	2 days
Due to arterio sclerosis	3 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bruce Crump M.D.
Address Bethesda Date signed 9-6-40

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09725

1. PLACE OF DEATH (93d)

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Sparks If U.S. Veteran specify WAR

(a) Residence: No. 2925-39 St. NW St., Ward. Washington D C ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Sparks

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	—	—	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupation (month and yaar)

11. Total time (years) spent In this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (Stata or country) Unknown

MOTHER

15. MAIOEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ferd Friend (Address) 2925-39 St NW

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Sept 13, 1940

19. UNDERTAKER B. Daunauskas & Son (Address) 3501-14th St NW

20. FILED 9-13, 1940 D. C. Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1940, to Sept 13, 1940

I last saw h- alive on Sept 13, 1940; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other Contributory Causes of Importance: Myocarditis - chronic	
Hypertension	

Neme of operation none Deta of ✓

What test confirmad diagnosis? ✓ Was there en autopsy? no

23. If death was dua to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of deceased? no

If so, specify

(Signed) Melville B Fischer M. D.

(Address) 1801 Eye St NW Washington D.C.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 7 1940
BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

09726

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 310 Longbranch Parkway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 Longbranch Parkway

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Winfield Hancock Treadwell

3. (b) Social Security Number 579-16-5470 None

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nona Lee Treadwell

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Apr. 18, 1882.

8. AGE: Years 58 Months 4 Days 19 If less than one day hrs. min.

9. Birthplace Brooklyn, New York (Town, county, and State)

10. Usual occupation Electrical Contractor

11. Industry or business

FATHER 12. Name Richard Treadwell

13. Birthplace N. Y.

MOTHER 14. Maiden name Amanda N. Brown.

15. Birthplace N. J.

16. Informant Mrs. Nona Lee Treadwell

Address 310 Longbranch Parkway.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 9, 1940. (month) (day) (year)

Cemetery or crematory Rock Memorial Park

Location Riggs Road, Prince Georges Co. Md.

18. Funeral director J. Arthur Waters

Address 28 Carroll St. Takoma Park, D.C.

19. Sept 7 1940 (Date rec'd by registrar) J. Arthur Waters Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1940, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1940, to Sept. 7, 1940, and that I last saw him alive on Sept 6 1940.

Immediate cause of death Coronary Disease first attack. — DURATION July 19 '40

Due to arteriosclerosis — years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Read H. Calvert M. D. or other

Address Silver Spring Date signed 9-7-40

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

09727

(112)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution.~~ 203 East Thornapple Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 203 East Thornapple
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Josephine Coleman Wallis

3. (b) Social Security Number —

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced married
8 (b) Name of husband ~~or wife~~ J. Marshall Wallis
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 14, 1899

8. AGE: Years 41 Months 0 Days 24 If less than one day hrs. min.

9. Birthplace Avoca, Pa. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name James Joseph Coleman
13. Birthplace Ireland
MOTHER 14. Maiden name Winifred McGlynn
15. Birthplace Avoca, Pa.
16. Informant J. Marshall Wallis
Address 203 E. Thornapple St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Mt. Olivet
Location Washington, D.C.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19. 9-9 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940, at 630 a.m. about
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19, and that I last saw h alive on 19.
Immediate cause of death Acute dilatation of heart
Due to Chronic Asthma
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawks
Deputy Med. Ex. of Mont. Co.
Address Rockville Md. Date signed 9/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
OCT 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 216

09728

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town West Haven, Bethesda, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 5505 Worthington Drive

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2½ Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Montgomery

(c) City or town West Haven, Bethesda (If outside city or town limits, write RURAL and give town)

(d) Street No. 5505 Worthington Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Henry Litchfield West

3 (b) If veteran, name war: None

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife Mary Hope West

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1859

8. AGE: Years 81 | Months 0 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Staten Island, New York (Town, county, and state)

10. Usual occupation Journalist

11. Industry or business

FATHER

12. Name Robert Athow West

13. Birthplace Thetford, Norfolk, England

MOTHER

14. Maiden Name Elizabeth Cook

15. Birthplace Kattering, N. Hampton, England

16 (a) Informant Mrs. Jerome Drown

(b) Address 5505 Worthington Drive, Beth. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5th 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oak Hill Cemetery

Location Washington D.C.

18 (a) Funeral director W. Reuben Humphrey

(b) Address 7005 Wis. Ave. Bethesda Md.

19 (a) Sept. 4th 1940 (Date rec'd by registrar) (b) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 3rd 1940, at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 1936, to Sept 3rd 1940, and that I last saw him alive on Sept 2nd 1940.

Immediate cause of death Myocardiac Failure — Duration 10 days

Due to Arterio Sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations _____

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature W. B. Sims, M. D. or other

Address 1611 - 21st St NW Washington D.C. Date signed Sept 3-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157-ad

09729

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Near Laytonsville md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 1 year 2 mo 11 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Near Laytonsville md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lilian V Whirley

3. (b) Social Security Number no

4. Sex Female
5. Color or race W
6.(a) Single, married, widowed, or divorced Single
B (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 17 1939
8. AGE: Years 1 Months 2 Days 11 If less than one day hrs. min.
9. Birthplace Montgomery Co md (Town, county, and state)
10. Usual occupation no
11. Industry or business no
FATHER 12. Name H Clyden J Whirley
13. Birthplace West Va
MOTHER 14. Maiden name Mamie Atkins
15. Birthplace Va
16. Informant Mamie Whirley
Address Gaithersburg md
17. Buried (Burial, cremation, or removal. Which?) Date thereof Sept 30 1940 (month) (day) (year)
Cemetery or crematory Gemetery Drum Hill
Location Stevens City Va
18. Funeral director Roy W Barber
Address Laytonsville md
19. 9/30/40 (Date rec'd by registrar) C O Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939 to Sept. 28 1940, and that I last saw her alive on Nov. 2 1939.
Immediate cause of death Hydrocephalus — DURATION From birth
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE George M. Boyer, M. D. or other
Address Damascus, Md Date signed 9-29-40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-e)

09730

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 22 Grafton St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 22 Grafton St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary King Whitney
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6(a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband ~~or wife~~ Levi Thurston Whitney
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 12, 1840
8. AGE: Years 100 Months 6 Days 26 If less than one day hrs. min.
9. Birthplace Pittsfield, Ohio (Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Pratt B. King
13. Birthplace Lock, New York
MOTHER 14. Maiden name Diantha Beals
15. Birthplace North Adams, New York
16. Informant Col. C. H. Birdseye
Address 22 Grafton St., Chevy Chase, Md.
17. Cremation (Burial, cremation, or removal. Which?) Date thereof Sept. 9, 1940 (month) (day) (year)
~~Cemetery or~~ crematory Fort Lincoln
Location Bladensburg Rd., Md.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19. Sept. 9th 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8th 1940, at 12:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6th 1940, to Sept 8th 1940, and that I last saw her alive on Sept 6th 1940.
Immediate cause of death Chronic Arterio-sclerosis Myocardial insufficiency — DURATION 25 yrs.
Due to Arterio sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bruce Perry M. D. or other
Address Bethesda Date signed 9-9-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09731

1. PLACE OF DEATH (48-B)

County Montg. Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lela. Rey Wilcox If U. S. Veteran, specify WAR

(a) Residence: No. 503 Tulip. Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 25, 1883

7. AGE: Years 57 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stenographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Statistical Sec

10. Date deceased last worked at this occupation (month and year) Feb 6, '38

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) ? (State or country) Wisconsin

FATHER

13. NAME Mr Charles F Wilcox

14. BIRTHPLACE (city or town) Berlin (State or country) Conn.

MOTHER

15. MAIDEN NAME Addie E Welch

16. BIRTHPLACE (city or town) ? (State or country) Mass.

17. INFORMANT (Address) Hospital records & Father.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill, D.C. Date Sept. 26, 1940

19. UNDERTAKER (Address) Arthur Walters Takoma Park, D.C.

20. FILED Sept 24, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) / 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to 9/24, 1940

I last saw her alive on , 19 ; death is said to have occurred on the date stated above, at 9.20 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Uterus with Metastasis	1/21/38

Other Contributory Causes of Importance:

Name of operation Pan Hysterectomy Date of 2/10/38

What test confirmed diagnosis Clinical + Lab. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) R. N. Calvert & S. F. Morse M. D.

(Address) 7894 Georgia Ave Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED OCT 3 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09732

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131-C)

County Montgomery — Registration Dist. No. 213

Village or City Gaithersburg — No. (outside) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wesley Winston

(a) Residence: No. 7218 Bradley Blvd St., Ward Bethesda Md (NONE)

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married (widowed)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hoyt Winston

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk of Courts

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette Co. Iowa

FATHER

13. NAME Alexander Winston

14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER

15. MAIDEN NAME ERVA BENT

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs Geo. McGarvey

(Address) 7218 - Bradley Blvd Bethesda Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wash, D.C. Date 9-9, 1940

19. UNDERTAKER Joseph Gawler's Sons

(Address) 1756 - 14 Ave NW

20. FILED Sept 9, 1940 Faye Barnsley

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1940, to Sept 8, 1940

I last saw her alive on Sept 7, 1940; death is said to have occurred on the date stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	9-8-40
Other **Contributory Causes** of importance:	
Chronic Valvular heart disease	1938
Chronic Nephritis	1939

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. Brockett M. D.

(Address) Gaithersburg Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 5 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

09733

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 4411- Leland Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4411- Leland Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Augustus Zellers

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hattie E. Zellers
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	2	12	____ hrs. ____ min.

9. Birthplace Frederick, Maryland
(Town, county, and state)
10. Usual occupation Government
11. Industry or business
FATHER 12. Name John A. Zellers
13. Birthplace Maryland
MOTHER 14. Maiden name Sarah Webster
15. Birthplace Maryland
16. Informant Mrs. Bessie Z. Allison
Address 4219 Leland St., Chevy Chase, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 1, 1940 (month) (day) (year)
Cemetery or crematory Rock Creek Cemetery
Location Washington, D.C.
18. Funeral director Mr. Reuben Pumphrey
Address 7005 Wisconsin Ave Bethesda Md
19. Sept 30th 1940 (Date received by registrar) B.C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940, at 4:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 25 1940, to Sept. 29 1940, and that I last saw him alive on Sept. 29 1940.

	DURATION
Immediate cause of death Myocardial infarction	4 days
Due to thrombosis of coronary artery	4 days
Due to Arteriosclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Clarence Rice (M.D.)
M. D. or other
Address 1726 Eye St. N.W. Washington, D.C. Date signed Sept. 29, 1940

CEIVED
OCT 7 1940
EAU V. S.